UHA Connection

Monthly Provider Newsletter: FEBRUARY 2023

WELCOME

Thank you for reading our Monthly Provider Newsletter, the UHA Connection. We hope this new format will allow you to easily access content and print it out if you would rather read it that way. In this PDF, you can still click on the links provided throughout the newsletter.

Flip through to learn more on topical information related to:

- Practice Tactics
- Clinical Corner
- Better Health For All
- On the Lookout
- CME for Thee
- Network News

Your success is critical to our member's health, behavioral and physical. Use this newsletter as a tool to succeed as a provider of Umpqua Health Alliance and resource for important updates.

If you have questions or would like to see information on a specific topic in the newsletter please reach out to:

- Dr. Douglas Carr at dcarr@umpquahealth.com
- Charlee Scheer at cscheer@umpquahealth.com

Thank you for all that you do to keep our members and patients safe and healthy!

GET CONNECTED

If you're seeking information regarding your patient's benefits, Umpqua Health Alliance is here to help you get the answers you need. Call us today, we're happy to assist you.

- Phone: (541) 229-4842
- TTY: (541) 440-6304 | Toll Free: (866) 672-1551
- Email: **UHAMemberServices@umpquahealth.com**

Umpqua Health Alliance has adopted the definition of cultural competence that appears on the Oregon Administrative Rules for Cultural Competence Continuing Education for Health Care Professionals (OAR 943-090-0010).

FOLLOW US!

Follow us on Facebook
@umpquahealthalliance

PRACTICE TACTICS

foodsmart

New Incentives Available!

Umpqua Health Alliance (UHA) members can now receive the following incentives when they sign for Foodsmart. Incentives will be emailed to the member after the task is completed.

- $25 Gift Card when a member signs up for Foodsmart and takes the Nutriquiz
- $25 Gift Card when a member sets up a Telehealth appointment with a Foodsmart Registered Dietitian

Refer your patients to Foodsmart to get them started on a better path to healthy eating!

- Visit: **https://www.foodsmart.com/umpqua**
- Download the Foodsmart app on the App Store
- Call Foodsmart Customer Care at: 888-837-5325

Intensive Care Coordination (ICC)

Who qualifies?

Members that fall within the "Prioritized Populations" as defined in OAR 410-141-3870 (listed below) meet the criteria to receive ICC services from Umpqua Health Alliance.

•Older adults, individuals who are hard of hearing, deaf, blind, or have other disabilities
•Have complex or high health care needs, or multiple or chronic conditions, or SPMI, or are receiving Medicaid-funded long-term services and supports (LTSS)
•Are children ages 0-5:
a.Showing early signs of social/emotional or behavioral problems
b.Have a Serious Emotional Disorder (SED) diagnosis
•Members in medication assisted treatment for SUD
•Women who have been diagnosed with a high-risk pregnancy
•Children with neonatal abstinence syndrome
•Children in Child Welfare
•Are IV drug users
•People with SUD in need of withdrawal management
•Members with HIV/AIDS or have tuberculosis
•Veterans and their families
•Members at risk of first episode psychosis
•Members within the Intellectual and development disability (IDD) populations.

Members enrolled in the ICC program receive the following:

1.An assigned intensive care coordinator
2.A heath risk assessment and an ICC assessment to identify the physical, behavioral, dental, and social needs of the member.
3.Coordination with medical and LTCSS providers to ensure consideration is given to unique needs in treatment planning
4.Development of a person-centered care plan
5.Referral and connection to community support and social service systems
6.Education to support chronic healthcare needs
7.Outreach from their intensive care coordinator at minimum three times monthly
8.Reassessment and care plan updates every 90 days or after triggering events as defined in OAR 410-141-3870.

Referral to Care Coordination

All UHA members are eligible to receive care coordination services from UHA. The need that is posed will determine whether the member will need basic care coordination or intensive care coordination.

To refer a patient for care coordination services, complete the Case Management Referral form found here https://www.umpquahealth.com/wp-content/uploads/2021/05/case-manager-referral.fillable.5.12.21.pdf on the Umpqua Health webpage. Email completed form to CaseManagement@umpquahealth.com or fax to 541-229-8180.

Language Access Report

UHA wants to highlight the significance of the Language Access Report that is sent to OHA by UHA staff every quarter. UHA staff will contact your office via e-mail with instructions and a template if there is evidence of interpreter service needs for a member that was seen in your office. If you have not identified to us that you would like this to be e-mailed, we will contact your office via phone call and ask for the needed information. As a reminder, effective July 01, 2022, House Bill 2359 requires health care providers to provide services to patients using qualified and certified healthcare interpreters on the OHA Health Care Interpreter Registry. Per OHA's Health Care Interpreter Registry of qualified and certified Health Care Interpreter (HCIs), Oregon Revised Statute(ORS) 413.550 requires working with certified and qualified HCIs. By law, qualified and certified HCIs have completed 60 hours of required training, demonstrated language proficiencies, applied for and received certification or qualification letters and identification numbers from the Oregon Health Authority. Interpreters who do not meet the above requirements are not approved by the Oregon Health Authority and therefore not listed on the mandated state Registry. For more information about the Registry, and to search for local Health Care Interpreters, please visit https://hciregistry.dhsoha.state.or.us/.

This Language Access Report is to monitor the ease of access and appropriate use of interpreter services for our members. Contracted providers are expected to provide effective, equitable, understandable, and respectful quality care and services. This includes, without limitation, free-of charge certified or qualified oral and sign language interpreters to all members, and accessible health and healthcare services for individuals with disabilities in accordance with Title III of ADA. The CCO is responsible for reporting all required denominator visits, at the visit level, using the data system(s) best suited for their collection method. The CCO is also required to indicate the visit date, member ID and whether the member already has interpreter needs flag(s) in MMIS/834 file. UHA staff will identify to you the required information. Your charting of this information is essential for reporting purposes. Please follow the instructions in the e-mail that you receive. If you have any questions please contact UHA Customer Care at: 541-229- 4842 or E-mail: UHCustomerCare@umpquahealth.com.

For information regarding UHA's goal to promote health equity and reduce health disparities in our community, please visit our Language Access Plan here https://www.umpquahealth.com/?wpdmdl=12218%27%3EUHA%20Language%20Access%20Plan%3C/a%3E.

CLINICAL CORNER

Pharmacy Collaborative: Smoking Cessation Services

UHA pharmacy services is now partnering with five Douglas County pharmacies who have added smoking cessation services to patients. Licensed pharmacists at Valley Drug, Gordon's Pharmacy, Myrtle Drug, Sutherlin Drug, and Hometown Drug are available to conduct smoking cessation screening, counseling, and medication prescribing for patients.

•Pharmacist prescribing will occur in compliance with the Oregon Board of Pharmacy prescribing guidelines o(https://www.oregon.gov/pharmacy/Documents/Tobacco_Protocol_8.2020.pdf)

- Pharmacists will outreach to the patient's primary care provider (PCP) AND refer to the Oregon Quit Line for a warm handoff in the case of:

Patients <18
Patients that are pregnant or nursing
Patients using chewing tobacco, vaping or e cigarettes only without smoking cigarettes
Patients with elevated BP >160/100
Patients with a history of a heart attack or stomach ulcers
Patients with a PHQ2 ≥3 or a positive suicide screening

•Pharmacists will provide a summary of smoking cessation counseling visits to the patient's primary care provider (when applicable)

Please consider referring patients who may benefit from additional support between office visits to their local independent pharmacies.
Contact Umpqua Health Pharmacy Services for more information about this new program:
UHPharmacyServices@UmpquaHealth.com

ON THE LOOK OUT

From DHPN: Smoke Free Pregnancy Program

Douglas County has one of the highest percentages of births to mothers who smoke cigarettes in the state. Nearly one in five women will continue to smoke cigarettes throughout their pregnancy. Unfortunately, these statistics are grossly underreported because we are seeing a considerable increase in the use of e-cigarettes, vaping, and other tobacco products during pregnancy. The issue is compacted with the rise in e-cigarette and vaping use among youth. Over the next ten years as adolescents age into adulthood, we may see a 100% increase in tobacco use during pregnancy.

Smoking while pregnant places the unborn baby at risk for many negative health consequences. Negative health effects range from low birth weight and preterm delivery to worse outcomes like miscarriage and tissue damage in the lung and brain. Pregnancy is a unique time in a woman's life and increases motivation for behavior change. Additionally, pregnant women have more access to health care and insurance during this critical time.

The Smoke-Free Pregnancy program was developed to combat this growing problem in Douglas County and provide a smoking cessation resource for providers to refer their patients. The program is a 10-week class specifically tailored for pregnant tobacco users. The program utilizes evidence-based tobacco cessation techniques to promote positive behavior change. The class also provides evidence-based reward strategies: providing incentive gift cards for class attendance and maintaining smoking cessation up to 550 dollars. After the 10-week class ends, the participants continue to receive monthly follow-ups and receive the option to test negative for tobacco — negative tests earn additional rewards.

The program offers childcare during classes and qualifies for transportation services and mileage reimbursement through insurance programs. Classes are facilitated by trained tobacco cessation facilitators and local physicians. Providers can refer patients directly by going to douglaspublichealthnetwork.org/smoke-free-pregnancy/, clicking the button for referring providers, and faxing the referral to the Community Cancer Center.

For any questions about the program, please call the Tobacco Prevention and Education Program Coordinator — Mitchell Kilkenny at 541-733-7825.

BETTER HEALTH FOR ALL

Association of Rurality With Risk of Heart Failure

Sarah E. Turecamo, BA; Meng Xu, MS; Debra Dixon, MD, MS; TiffanyM. Powell-Wiley, MD, MPH; Michael T. Mumma, MS;
Jungnam Joo, PhD; Deepak K. Gupta, MD, MSCI; Loren Lipworth, ScD; Véronique L. Roger,MD, MPH

IMPORTANCE: Rural populations experience an increased burden of heart failure (HF) mortality compared with urban populations. Whether HF incidence is greater among rural individuals is less known. Additionally, the intersection between racial and rural health inequities is understudied.

OBJECTIVE: To determine whether rurality is associated with increased risk of HF, independent of cardiovascular (CV) disease and socioeconomic status (SES), and whether rurality-associated HF risk varies by race and sex.

DESIGN, SETTING, AND PARTICIPANTS: This prospective cohort study analyzed data for Black and White participants of the Southern Community Cohort Study (SCCS) without HF at enrollment who receive care via Centers for Medicare & Medicaid Services (CMS). The SCCS is a population-based cohort of low-income, underserved participants from 12 states across the southeastern United States. Participants were enrolled between 2002 and 2009 and followed up until December 31, 2016. Data were analyzed from October 2021 to November 2022.

EXPOSURES: Rurality as defined by Rural-Urban Commuting Area codes at the census-tract level.

MAIN OUTCOMES AND MEASURES: Heart failurewas defined using diagnosis codes via CMS linkage through 2016. Incidence of HF was calculated by person-years of follow-up and age-standardized. Sequentially adjusted Cox proportional hazards regression models tested the association between rurality and incident HF.

RESULTS: Among 27 115 participants, the median (IQR) age was 54 years (47-65), 18 647 (68.8%) were Black, and 8468 (32.3%) were White; 5556 participants (20%) resided in rural areas. Over a median 13-year follow-up, age-adjusted HF incidence was 29.6 (95%CI,

28.9-30.5) per 1000 person-years for urban participants and 36.5 (95%CI, 34.9-38.3) per 1000 person-years for rural participants (P < .001). After adjustment for demographic information, CV risk factors, health behaviors, and SES, rural participants had a 19% greater risk of incident HF (hazard ratio [HR], 1.19; 95%CI, 1.13-1.26) compared with their urban counterparts. The rurality-associated risk of HF varied across race and sex and was greatest among Black men (HR, 1.34; 95%CI, 1.19-1.51), followed by White women (HR, 1.22; 95%CI, 1.07-1.39) and Black women (HR, 1.18; 95%CI, 1.08-1.28). Among White men, rurality was not associated with greater risk of incident HF (HR, 0.97; 95%CI, 0.81-1.16).

CONCLUSIONS AND RELEVANCE: Among predominantly low-income individuals in the southeastern United States, rurality was associated with an increased risk of HF among women and Black men, which persisted after adjustment for CV risk factors and SES. This inequity points to a need for additional emphasis on primary prevention of HF among rural populations.

JAMA Cardiol. doi:10.1001/jamacardio.2022.5211
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Supplemental content

CME FOR THEE

Implementing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit in Oregon-Webinar February 7th

Contact: Laura Sisulak- (Laura.Sisulak@dhsoha.state.or.us).

Effective January 1, 2023, Oregon will implement the full Early and Periodic Screening, Diagnosis and Treatment benefit (EPSDT) for children and youth until their 21st birthday. This means both the Open Card program and coordinated care organizations (CCOs) must cover any medically necessary and medically appropriate services (and dentally appropriate, for dental services) for enrolled children and youth, regardless of:

•The location of the diagnosis on the Prioritized List of Health Services;
•Whether it pairs, or is a non-pairing service;
•Whether it is a previously “non-covered” ancillary service; or
•Whether it is covered under the State Plan.
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Provider education (no-cost):

•Audience: Clinicians and practice managers serving children and youth that are Oregon Health Plan members.
•Presenters will include the following OHA clinician leaders: Dana Hargunani, MD, MPH, OHA Chief Medical Officer; Dawn Mautner, MD, MS, Medicaid Medical Director; Margaret Cary, MD, MPH, OHP Fee-For-Service Medical Director.
•Session One: Overview of the EPSDT policy change and implementation. View recording: https://www.youtube.com/watch?v=LJVPeFvqXhs
•Session Two: February 7, Noon–1 p.m. Ensuring EPSDT access — documenting medical necessity, prior authorization and related processes for Open Card patients. Register here: https://www.zoomgov.com/meeting/register/vJItc-Copz8oGIcpxF3BQWwG0ahpIrclYPs

•Sessions will be recorded, and webinar materials will be made available in Spanish.
•Please contact Tom Cogswell (Thomas.Cogswell@dhsoha.state.or.us, 971-304-9642) if you need an accommodation to fully participate in these webinars. Examples of accommodations include American Sign Language (ASL) or language interpretation, and closed captioning.

Additional information may be found at: www.oregon.gov/EPSDT, including:
•EPSDT Guidance Document for CCOs
•EPSDT Policy Change Memo for OHP providers
•EPSDT Guidance for OHP Providers
•EPSDT Fact Sheet for OHP members (available soon in additional languages)

Updated CCO Immunization Resource Guide

Contact: Immunization Program help desk (1-800-980-9431)

The Oregon Immunization Program has updated the CCO Immunization Resource Guide: https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/CCO-Immunization-Resource-Guide-2022.pdf
This guide introduces CCOs, clinics and partners to evidence-based strategies and associated tools for improving childhood and adolescent Immunization rates in Oregon.

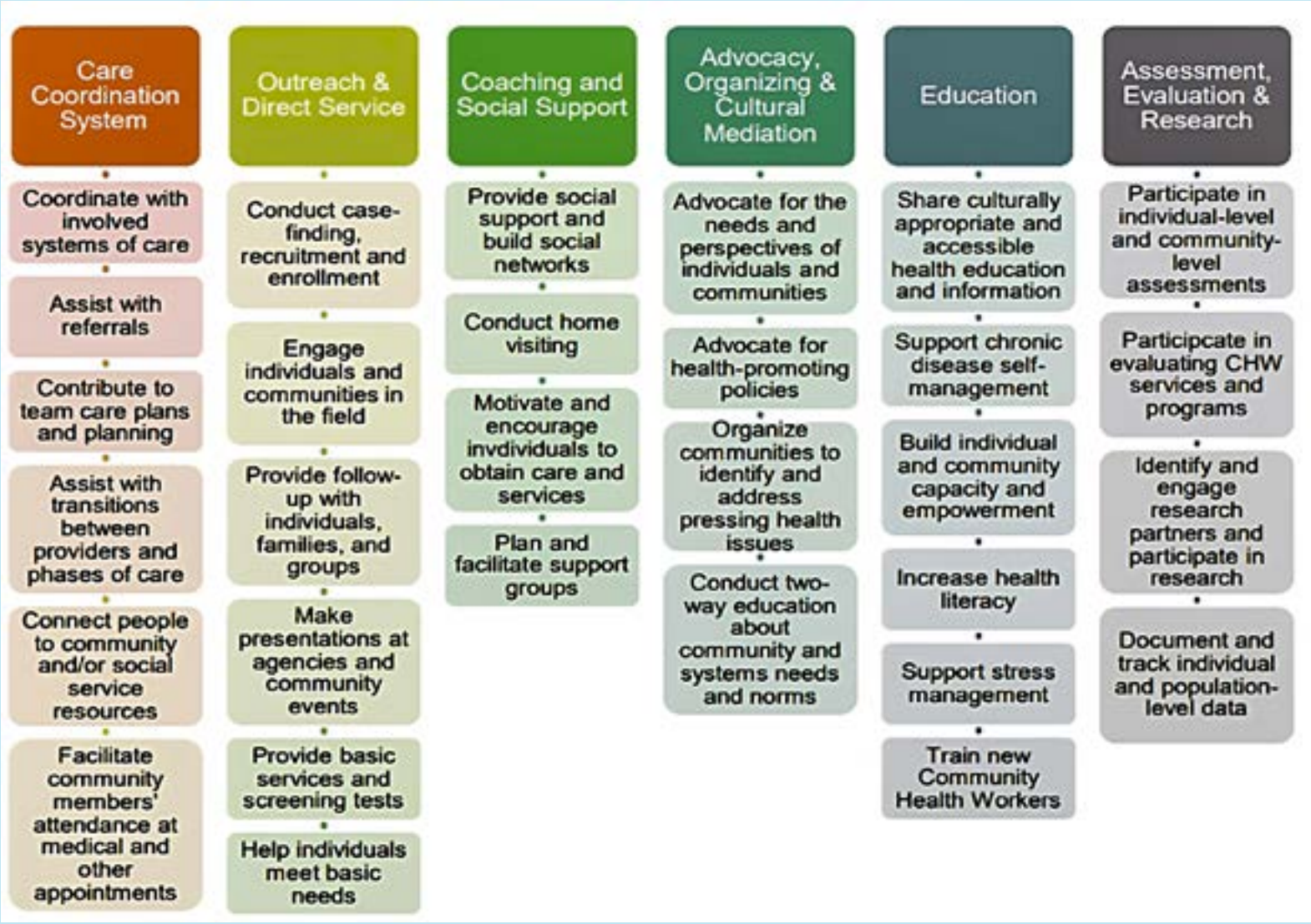
It you have questions about the guide or are interested in partnering with the Oregon Immunization Program on more focused rate improvement work, please contact the Immunization help desk at 1-800-980-9431. They will connect you with our Data and Quality Improvement Team.

NETWORK NEWS

Community Health Workers (CHWs)

A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. CHWs can serve in clinical and community-based settings. CHWs promote health through a variety of strategies, from connecting people to existing services, to sharing culturally appropriate education and information, to organizing communities to identify health issues and address the social determinants of health.

CHW Billing Guidance:



CHW Billing Guidance:

For Umpqua Health Network (UHN) participation, CHWs must complete contracting and credentialing requirements outlined in Policies CR16 - Non-Licensed Provider Credentialing and Re-Credentialing Process and CR19 - Traditional Health Worker Requirements . CHW services will be billed using the Oregon Health Authority's OHA's (OHA) Community Health Worker Billing Guide.
CHWs services must be supervised and billed by clinic providers who are Licensed Health Care Professionals (LHCPs) within the licensed clinic provider's scope of practice. LHCPs include Physicians, Nurse Practitioners, Physician Assistants, Dentists, Dental hygienists with an Expanded Practice Permit, Psychologists, Licensed Clinical Social Workers, and Licensed Professional Counselors. LHCPs are responsible for the work that they order, delegate, and supervise when CHWs work under their supervision. CHWs will be enrolled with the OHA as "non-billing rendering provider" and their NPI (National Provider Identifiers) will be entered on the claim as the rendering provider. The billing provider may be either the clinic or the supervising LCHP. If the billing provider is not the supervising LCHP, the supervising LHCP's name and NPI must be entered on line 17 of the claim form.

Additional Resources:

- CHW Core Consensus C3 Final Report
- Multisector Intervention Report: CHW for Patients with Chronic Disease
- Best and Promising Practices: Integration of Community Health Workers into Clinical Settings

Provider Network Updates

- Northwest Eye Center PC, dba Weston Eye Center located at 341 NW Medical Loop Ste 120 will permanently close December 31, 2022.
- Little Lamb Speech Therapy will be opening a new office in addition to their in-home services. The new office is located at 130 S Comstock Ave Ste 104 in Sutherlin and will open January 2, 2023, phone (541) 680-4686, website https://andrea-botwinick.clientsecure.me
- Advanced Skin Center now has four locations in network; Roseburg at 1813 W Harvard Ave Ste 310, Grants Pass at 1021 NE 6th St, Coquille at 855 W Central Blvd Ste B and Reedsport at 385 Ranch Rd. Full listings can be found in our online Provider Directory
- Juniper Tree Counseling LLC has added a second location at 734 SE Rose St in Roseburg, in the historic Willis House (541) 900-1506